

paper, they would probably go away from that news show or from that article in the paper thinking, my gosh, Republicans are over here and Democrats are over here as to who they are trying to help, and the reality is that we are both right here.

We are targeting the same people who do not have an annual income that is big enough to afford housing and food and health care costs, where we are going to supply a government subsidy. We are looking at a group right above that where we are trying to figure out how can we do some type of phase-in subsidy to help them?

Then we are looking at the group above that saying they are not all high income, but they have the capabilities to buy into a plan to have coverage.

The discrepancies between the plans that are being floated in Washington are not about who is being covered. We are using the same \$40 billion pot of money. It may be configured slightly differently. The President gives a subsidy to everybody on the front end. He lowers the price of everybody's premium so it is more attractive. We choose to have a market value on the premium, and we go to what we refer to as the stop loss, a certain dollar amount on an annual basis where we say to a senior if they reach this, if they really get sick and they reach this point, they do not have any additional cost past that. Their plan picks up 100 percent of it. There is no co-insurance. There is no copayment, once they reach that point.

The President's plan does not do that. He subsidizes the premium costs. We subsidize the high risk so that, in fact, we can say to seniors and disabled who are eligible for Medicare they will never lose everything that they have because in any given year they have a significant illness.

I think that is the role of the Federal Government. That is the definition of a safety net when things get tough, they are there. What we have tried to do is design a plan that says let us put value, let us be honest on what the cost is, let us give people confidence in who they deal with, which is usually not the Federal Government, that is why we chose the private sector, and let us say at what point their exposure stops, at what point do they reach where they do not have any additional costs.

□ 2000

To some degree, it is criminal for us to ever present a plan that would suggest to individuals when they really get sick and they exceed a certain amount that the burden falls 100 percent on them, when they have reached that point where they might have 100 prescriptions filled in a year. That is when they need us to kick in.

We are trying to design a plan that gives them coverage underneath and security underneath, but more importantly, security for what is unexpected. We know in health care that happens many times.

Mr. GREENWOOD. Mr. Speaker, security is what all seniors want. It is what we will want when we are seniors, and that is the security, the peace of mind to know that I do not have to worry about whether I can afford the drugs that my doctor says I need. It is as simple as that. I do not have to worry about whether I can afford the drugs, the medicines that my doctor says I need. That is what we ought to be about providing for Americans.

I have what I call my Medicare prescription drug advisory group at home. I have seniors, I have disabled folks, I have the local pharmacists. We sit around and meet regularly and talk about this issue and talk about where the hardships are and talk about the people. Particularly, the druggist is an interesting participant because he talks about the people who come into his little store, his corner store, and try to buy a prescription drug, and he has to turn them away if they do not have a plan or they are shocked by the cost of this. For those people, there is no peace of mind; there is no security that the American dream afforded by these miracle products is for them.

But the bottom line is that we can do it. We can do it as Republicans. We can do it as Democrats. We can get the job done, and we can get the job done this year.

Mr. BURR of North Carolina. Mr. Speaker, the gentleman from Pennsylvania is exactly right. Let me take this opportunity in closing my part of this out to say, for the first 5 months, there has been a tremendous amount of work, not only work by Republicans, but by Democrats, a tremendous amount of work by the administration and by Congress to try to figure out what the right plan is, to try to figure out exactly what the benefit should look like and what value we can extend to seniors under a drug benefit.

Will it be perfect? No. But there is no substitute for the commitment of this institution to say we need it and not do it today. This is not a time where we can delay another year, another generation, another Congress, another administration. We do not get a better opportunity than this where we have shown fiscal restraint, we have accumulated some additional money over and above Social Security surplus, over and above every other trust fund that we have got. These are real dollars.

As I said to my constituents, when we get to real dollars, when we know that we are paying down debt in a responsible way, and we have got real dollars, we will look at real problems that we think we can solve. This is a real problem today. This is a real problem today that we can solve.

All it takes is the will of Republicans, Democrats, the administration and Congress. It takes every American out there that is listening to us tonight that can benefit from these, calling their Members and saying, do it now. Do not wait.

Mr. GREENWOOD. Mr. Speaker, the gentleman from North Carolina and I

happen to be Republicans; and we can say, because we work more closely and more frequently with our Republican Members on our side of the aisle, from the Speaker of the House to the majority leader to the Whip to all of the officers and leaders in our party down to every Member, freshman on up, there is a complete commitment and a desire to get this job done. I think that is true on the Democratic side of the aisle, and I think it is true in the White House.

But we know we cannot get it done by ourselves. We can bring a Republican bill out here, a purely Republican bill, and if the Democrats in the House and the Senate tell the President it is a bad bill, he will veto it. That has not helped a single senior.

So we have to try to get a bill through the Congress that Republicans and Democrats like. We have to be able to do what most Americans want us to do, compromise, find the middle, accept each other's positive suggestions, get that job done, put the bill on the President's desk. I believe that this President, as he leaves town, can say that is one thing I got done; and I think this Congress can say, come the election, come what may, we got that job done.

Because the odds are, even if we did not get this done this election, this year, wait till the next election, we will be back in the same position. There will still be Republicans and Democrats in town. The Congress may be divided. The difference between the White House and the Congress will still be there.

So there is no point in waiting. The time to do it, as the gentleman from North Carolina (Mr. BURR) said, is now. The will is here. The financial situation is here to do it and certainly the need to do it is.

Mr. Speaker, I thank the gentleman from North Carolina for his participation in the Special Order this evening.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS). The Chair reminds all Members that debate should be addressed to the Chair and not to the viewing audience.

STOP RISING PRESCRIPTION MEDICATION COSTS FOR SENIORS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. BAIRD) is recognized for 5 minutes.

Mr. BAIRD. Mr. Speaker, I came before this body about a month ago to address the problem of prescription medications, which my colleagues were addressing. I pledged at that time to go back to my district and carry the voices of the people of my district back to this body.

What we did was we visited senior citizen centers; and we asked the people there, please share with us your

personal stories, your stories of what you are paying for prescription medications. We asked them to bring in their prescriptions, bring in their receipts. I can tell my colleagues the stories they told were tremendously moving.

This pill bottle symbolizes the rising costs of prescription medication. Let me share with my colleagues a couple stories. A woman from Cinebar, Washington, who told me that they make just barely under \$1,000 they receive in their Social Security and other benefits, but they pay well over \$500, \$500 in prescription medication costs.

Another woman who had been monitoring the bimonthly bill she is paying for her medications for the last year, in one year, she saw a 20 percent increase, a 20 percent increase in one year in the drug costs.

My own father who shared with me that a pill he took 8 years ago had cost \$1 a pill at that time now costs \$4 a pill. That is 400 percent inflation in 8 years.

Mr. Speaker, this body has been in session now about 16, 17 months. We have named post offices. We have done some worthy things for sure. But we have not addressed this absolutely critical issue.

While American citizens are doing without the medications that their physicians have prescribed, this body has not acted. It is time to act. We are capable of acting.

We need to do two things. We need to cap the rising costs of prescription medications. It is just not right for our senior citizens to travel to Mexico or to Canada to buy medications that they cannot afford within their own country, even though those very medications were funded by their taxpayer dollars.

It is even worse when seniors who cannot make that journey do without the medications they need, medications to improve the quality of their lives, medications to save their lives. But they are faced with that terrible choice between paying the rent or paying for their medication.

The current policy is not acceptable. It is not acceptable to put American citizens in that condition. It is not effective because, when seniors do without their medication today, we will pay higher costs tomorrow.

So the first thing we must do is cap the rising costs of prescription medication, and there are various ways to do it. But I call on this body today. Let us work together. This is not a partisan issue. It does not matter whether a senior citizen is a Democrat or a senior citizen is a Republican. They are entitled to be able to take the medication their doctor says they need.

The second thing we must do is establish a meaningful and affordable prescription Medicare benefit so that senior citizens can pool their resources and have predictable manageable costs when it comes time to get a prescription filled by their doctor.

This pill bottle is filled, not just with receipts, but with personal stories, sto-

ries of people who are suffering, stories of people who depend on medication to alleviate that suffering.

Mr. Speaker, I call upon this body tonight and in the remaining months of this Congress to hear the pleas of the constituents of my district and the constituents throughout this country. Do not let prescription medications continue to grow larger as this pill bottle indicates. Let us work together; let us stop the rising escalation of prescription medication costs. Let us work together and establish a real and effective and affordable prescription medication benefit.

A TRAGEDY OFFSTAGE NO MORE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, last month a landmark decision was announced, marking an important recognition of one of the most horrible crimes against humanity of the 20th century, the Armenian Genocide. What was particularly important was that the action came from the State of Israel, the homeland of the Jewish people who were victims of the Nazi Holocaust.

Israel's education minister, Yossi Sarid, made the historic decision to include the Armenian Genocide in the national curriculum. Mr. Sarid announced his decision on April 24, the traditional day of commemoration of the Armenian Genocide, at a ceremony in the Armenian Quarter of Jerusalem's Old City. Expressing regret that Israeli students know very little of the genocide that began in 1915, in which some 1.5 million Armenians, one-third of the Armenian people, were killed by Turkish forces, Mr. Sarid said, "I will do everything so that Israeli pupils will study and learn about the Armenian Genocide."

Mr. Speaker, the issue of Israeli recognition of the Armenian Genocide received extensive coverage in an article that appeared in the May 12, 2000, Internet edition of the Jerusalem Post titled "A Tragedy Offstage No More," by Leora Eren Frucht.

As the article noted, "When Hitler ordered his death units to 'exterminate without mercy or pity, men, women and children belonging to the Polish-speaking race,' he was confident that the world would overlook the mass murder. 'After all,' he asked rhetorically on the eve of the 1939 invasion of Poland, 'who remembers the extermination of the Armenians?'" By the time that the Nazis were finally stopped 6 years later, 6 million European Jews had been murdered, as well as millions of other innocent victims of other nationalities.

Mr. Speaker, the Armenian and Jewish peoples are united in a common bond of suffering and in the struggle to overcome the tragedies of the past. While they were being massacred in un-

thinkable numbers, Armenians in the Ottoman Turkish Empire during World War I and European Jews during World War II, most of the rest of the world was looking the other way, although many knew what was happening.

After the Holocaust, the Jewish people built the State of Israel into a prosperous democracy, despite being surrounded by hostile neighbors. Since the collapse of the Soviet Union in 1991, the Armenian people have worked to build democracy and economic reform in the Republic of Armenia, despite being surrounded by hostile neighbors.

One of the hostile neighbors who has threatened Armenia since its independence a decade ago is Turkey. It was, of course, in the territory of the present-day Republic of Turkey and in the name of Turkish nationalism that the genocide against the Armenians took place during the waning days of the Ottoman Empire. Yet Turkey continues its unconscionable official policy of denying that the genocide ever took place. In today's world, Turkey, a member of the NATO alliance, continues to blockade its much smaller and more vulnerable neighbor, Armenia, despite Armenia's standing offer to normalize relations without preconditions.

In the aforementioned Jerusalem Post article, Turkey's official policy of denial was described as "outrageous" by Deborah Lipstadt, the American historian who defeated Holocaust denier David Irving in a highly publicized libel trial in London court last month. Professor Yehuda Bauer, academic director of Yad Vashem, Israel's Holocaust memorial, stated, "If you accept the U.N. 1948 definition of genocide, which we and many other nations have done, then there can be no argument about calling this a genocide," referring to Armenia.

Yet the decision by Israel's education minister was a difficult one. Israel has been working to steadily improve its relations with Turkey at the same time that Israel works to improve relations with Armenia. Mr. Sarid's decision on including the Armenian Genocide in the Israeli curriculum prompted an outcry in Turkey that included a protest to Israel's charge d'affaires in Ankara.

Indeed, Mr. Speaker, Turkey frequently has shown its willingness to play hardball to intimidate other nations into not recognizing the Armenian Genocide. When the National Assembly in France adopted a bill in 1998 to acknowledge the genocide, Turkey promptly suspended the signing of a \$145 million defense contract.

□ 2015

Thus, Mr. Speaker, considering Israel's vulnerable position in the Middle East and its need to cultivate relations with Muslim nations, the action by Education Minister Sarid was a true profile in courage, a real statement of principle.

In closing, Mr. Speaker, I wanted to cite a letter dated May 22, 2000 that the